



STATE OF MISSOURI  
BOARD FOR CERTIFICATION OF INTERPRETERS (BCI)  
**APPLICATION FOR 2007 RENEWAL OF CERTIFICATION**

1103 Rear Southwest Boulevard  
Jefferson City, MO 65109  
(573) 526-5205 (V/TTY)

**PURPOSE OF FORM:** This form is to be used by interpreters who are certified in the Missouri Interpreters Certification System (MICS) to verify that they have met their annual CEU requirements and to apply for renewal of their certification.

**INSTRUCTIONS:** Return the completed and notarized form along with the appropriate fee (\$15.00 Application, Renewal and CEU Processing), to MCDHH, 1103 Rear Southwest Boulevard, Jefferson City, MO 65109. Fee payment must be in the form of a cashier's check or money order made payable to "MCDHH/BCI Fund". **NO PERSONAL CHECKS WILL BE ACCEPTED.** Attach copies of the certificates verifying that you have met the CEU requirements as detailed in 5 CSR 100-200.130.

**I. APPLICANT INFORMATION**

AFFIX LABEL HERE	SOCIAL SECURITY NUMBER
	TELEPHONE NUMBER

**PLEASE REVIEW THE CONTACT INFORMATION ON THE ABOVE LABEL. IF ANY INFORMATION HAS CHANGED, PLEASE MARK IT OUT AND FILL IN THE NEW INFORMATION. PLEASE PRINT CLEARLY, YOUR NEW CONTACT INFORMATION WILL BE UPDATED IN OUR RECORDS.**

**II. CERTIFICATION INFORMATION**

DID YOU BECOME CERTIFIED FOR THE FIRST TIME SINCE NOVEMBER 3, 2005? <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF CEUs EARNED
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**III. AFFIDAVIT OF APPLICANT**

I, the above-named applicant, being first duly sworn upon my oath, state as follows:  
The information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief;  
I will comply with state laws and the rules and regulations of the Board for Certification of Interpreters; and  
I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050 RSMo

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT	DATE
Notary Public Embossed Seal Or Stamp	STATE	COUNTY (Or City Of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20	
	NOTARY PUBLIC SIGNATURE	My Commission Expires
	NOTARY PUBLIC NAME (Typed Or Printed)	

**FOR OFFICE USE ONLY**

Date Received	Number Of CEUs Earned	Fee Paid	Money Order/Cashier's Check Number	Received By
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**IMPORTANT INFORMATION PLEASE READ:**

ENVELOPE CONTAINING APPLICATION **MUST BE POSTMARKED ON OR BEFORE DECEMBER 2, 2007** OR YOUR CERTIFICATION WILL BECOME INVALID AND A **LATE FEE OF \$30.00** WILL APPLY (\$45.00 Late fee, Renewal fee, and CEU Processing fee). LATE APPLICATIONS WILL NOT BE ACCEPTED AFTER DECEMBER 1, 2008.